EXHIBIT 3-I

CONTRACT REPORTING FORM

					Montan	a Departr	ment of Co	ommerce					
				COI	NTRACT	AND SUE	BCONTR/	ACT ACTIV	/ITY				
Grantee Name											Date Submi	tted	
Contact Person				Phone									
Contractor's Registration Number (a)	Amount of Contract (b)	Type of Trade (1 thru 3) (c)	Business Ethnic (E); Racial (R)		Woman- owned Business:	Contractor	Sub- contractor	Contractor/Subcontractor Name and Address (h)					
				(d) R	Y or N (e)	ID Number	ID Number	Name	Street		City	State	Zip
		1. Construction	I (Select 1)				Racial Code (R) (Select 1 or more)						
		2. Education and Training3. Other	1 - Hispanic 2 - Not-Hispanic				11 - White 12 - Black/ African American 13 - Asian 14 - American Indian/Alaska Native 15 - Native Hawaiian/Other Pacific Islander 16 - American Indian/Alaska Native & White 17 - Asian & White 18 - Black/African American & White 19 - American Indian/Alaska Native & Black American 20 - Other Multi Racial					Black/African	

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